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Physio-Medical Physicians

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Veritas Divina Est.

Vol. LI. CINCINNATI, JUNE 1, 1883. No. 7.

Rhamnus Purshiana.

THIS remedy, also known as *Cascara Sagrada* and *California Buckthorn*, is of comparatively recent introduction. It is the bark of a small tree native to the Rocky Mountains, very bitter to the taste, containing resinous and other principles. Alcohol and diluted alcohol extract its virtues.

As a cathartic it has attracted attention. Its action is rather prompt, a full dose operating in from three to five hours. It is rather stimulating, and may induce griping, but not so much so as the *Rhamnus catharticus*. It promotes the evacuation of the gall-cyst and ducts, perhaps with little effect on the secreting function of the liver; and somewhat increases the intestinal secretions, as well as the peristaltic movements. A moderately tonic effect may be left behind by it, but this is too slight to justify its being classed as an alvine tonic.

Its best use appears to be in company with hepatic tonics, such as euonymus, whose action it expedites; and it also supplements such hepatics by expending a portion of its power on the intestinal muscles and glands, where hepatics do not always reach. It is too stimulating and bitter to use alone as a cathartic; and is not tonic enough to employ in habitual constipation, the alvine canal presently wearying under its too speedy action. It is thoroughly reliable for temporary uses; and may be combined with fraxinus, rhei, and similar moderate articles. Dose: forty to sixty drops of fluid extract in a syrup. In combinations, fifteen to twenty drops three times a day.

The Doctors and Small-Pox.

RECENTLY a young lady, Miss Susie Young, died at one of the musical institutions of Cincinnati. She came from Illinois, near Lawrenceville, in February, was ill for about a week in early April, was then absent from the city for a week in Kentucky. After her return about ten days she was taken ill, gradually sank down, was waited on by Dr. J. B. F. Miller, who subsequently called in Dr. Walker, and they finally had Professor C. G. Comegys in counsel. The young lady died, her disease being set down as hemorrhagica purpura. The remains were sent to her widowed mother in Illinois, the casket was opened, a public funeral held, and the body interred.

There seems nothing unusual in all this; but the startling point of interest is found in the fact that the lady did not die of hemorrhagica purpura at all, but of small-pox that was probably contracted during her absence in Kentucky. It was not an average case of the disease, but no doubt one of the hemorrhagic variety; but the possibility of its being small-pox was discussed at the council of the three doctors, whence there were circumstances suggesting this malady. One of these circumstances was probably the strong statements of an elderly negro woman in the house, who declared that the young lady had small-pox. But the three doctors,—all

prominent men, and one of them a long time professor and hospital lecturer,—decided it was not small-pox, assured the managers of the school that it was a case of blood-poisoning (the present scape-goat for everything the old-school doctors do not understand). They hooted at the idea that it was anything contagious, and on their positive assertions the school went on, a domestic helped to nurse Miss Young, the lady pupils helped to nurse her, and only the sad events of time convinced the doctors that the lady had the small-pox.

The undertaker's man, who prepared the body to send home, thought it was the small-pox, but the wise doctors overruled him. One domestic in the school in due time broke out with small-pox, was sent to the pest-house, and is convalescing. A young lady pupil then broke out, was sent to the pest-house, and is dead. Her father came from his far-off home to nurse her, has had to return to a prostrated wife, and may sow the disease there. Miss Young's mother took the disease at the home burial, and is dead. The undertaker took it at the home burial, and is dead. Several others took it at the home burial. The undertaker was an Odd-Fellow, and members of the Order helped to nurse him. This one case, imported to Cincinnati from Kentucky, and spread widecast by the error of three eminent allopathic doctors, promises to sow a sad and extensive harvest of death. An editorial in the Cincinnati *Daily Enquirer* of May 24th, is as follows:

"Do physicians know small-pox when they see it? This becomes a pertinent inquiry in view of the alarming state of affairs growing out of the development of a case of small-pox in a Conservatory of Music in the very heart of the city. In this institution there are now twenty-three young girls penned in as if in a pest-house, after having been exposed to black small-pox in its worst form for three weeks or more. Happily there is no case now in this school where these young girls are quarantined. But that there is none is not due to the three or four physicians who attended Susie Young, who died there of small-pox, while they stood by protesting that she had some other disease that nobody else ever heard of. The history of this case is most disgraceful to the medical profession. This young lady came here from Robinson, Illinois, and, after a visit to Kentucky, was taken sick. During her illness three physicians who stand high in their profeession were called in at different times to attend her. Consultations were had over her case, but they could not agree as to the disease. None of them, however, would admit that it was small pox; but, on the contrary, all of them declared that it could not be small-pox. About the only thing they seem to have agreed upon was that it was no contagious disease, and consequently there was no danger to the other pupils in the school. Notwithstanding this learned diagnosis, poor Susie Young died of black small-pox. The colored nurse declared it to be small-pox, and the embalmer was of the same opinion, and only prepared the body after being repeatedly assured by the doctors that it was not small-pox. The body was taken home to Illinois, and already the mother of the girl is dead of the same disease, and four other members of the family are ill with it, and may die.

"So far as can be learned, everybody who saw this case unhesitatingly pronounced it small-pox, except the three eminent practitioners who attended it. These gentlemen were positive it was nothing contagious, and, above all, it could not be small-pox, and every precautionary measure that was taken against the possible spread of the disease was taken against their judgment. The Principal of the school was alarmed, and solicitous for the health of the pupils in her charge, but the physicians were assured and calm. If this is not criminal negligence, perhaps it is criminal ignorance. At the very best, it is an outrage upon the entire city."

But the question naturally comes up as to the possibility of distinguishing between small-pox and hemorrhagica purpura. If the maladies are so similar that it is difficult to separate them, then the doctors must be censured with moderation. It

seems they had the question under discussion, and hence they should have studied the whole ground before deciding it. If it were small-pox, it would be professionally criminal to fail in notifying the Principal of the school, and in taking steps to secure the safety of the other pupils, and in making safe the citizens at the girl's home by stopping the transportation of the body, as required by law. The doctors, after discussing the question, were so positive against the case being small-pox that they took no precautionary steps, used their professional authority to lull apprehensions in the school, and allowed the body to be taken abroad, contrary to law. *Somebody* seems to have sent word not to open the coffin when it got home, —a strange order in a case of purpura hemorrhagica! But let us see the data for distinguishing between the two maladies.

Purpura hemorrhagica, these doctors tell the public, is so rare that they question whether the medical history of America offered any cases, which is strange *news* to a well-read medical man. It is also spoken of as a malady of almost uniform mortality, the public mind being directed to the idea that such a frightful disease was beyond the control of the doctors in attendance. But Bartholow says "most of the cases terminate in recovery." Immermann, in Ziemssen's Medical Cyclopœdia, says: "Although the condition of the patient is often very alarming, a fatal termination is in general not very frequent; the sickness ends by far more frequently in recovery after the expiration of one or two weeks. * * * In the majority of the cases the disease terminates more or less rapidly in recovery." This is the common statement of authors. It is a malady characterized by bleeding,—a disease of hemorrhages under the skin, from the nose, the gums, mouth, throat, bowels, and other places. It is dangerous in ratio to the loss of blood. It is allied to scurvy and similar bleeding diseases, and has sometimes been called "*land* scurvy"; but it has not a feature allied to small-pox, and even the ordinary medical student is expected to see that it can not be confounded with small-pox.

Aitken, of London, defines purpura as a form of disease "not usually attended by fever, characterized by purple spots of effused blood, *which are not effaced by pressure.*" The London College of Physicians adds the word hemorrhagic to cases "accompanied by hemorrhage from a mucous surface." Roberts, of England, thus describes the symptoms: "The skin presents various forms of extravasation [bleeding], viz: minute points, petechiæ, and extensive ecchymoses [bruised-looking blotches]. These are observed chiefly on the legs, and may appear in successive crops, each lasting a variable number of days. The color is often bright-red at the outset; but afterward becomes darker, being purple, violet, or almost black in some cases. The spots are generally roundish, and have a well-defined outline at the commencement, but subsequently they gradually fade into the surrounding skin." These spots fade away, as do other bruised spots, changing color to yellowish and greenish. The bleedings already alluded to form the great feature of purpura hemorrhagica, in addition to these symptoms, the loss of blood being the chief danger.

What are the symptoms of small-pox? Strong fever, headache, sickness at the stomach, severe pains in the back and loins, excitement and possibly delirium, hardened red spots appearing first on the face and last on the limbs, these spots gradually becoming pustules. Such is the ordinary history in brief, and the pustulation is unlike any other malady, and forbids all doubt in diagnosis. But there are cases of small pox, as well as of jaundice, and other diseases, in which hemorrhages

occur. No one expects a well-informed medical man to mistake a hemorrhagic jaundice for a case of purpura hemorrhagica, but can a hemorrhagic small-pox be thus confounded? Take the very worst form, purpura variolosa, as described by Cushmann, in Ziemssen's Cyclopœdia: "The initial stage usually begins in the ordinary manner, with rigor, headache, very intense pain in the back, and great prostration. Very soon a diffuse scarlatiniform redness invades the trunk and extremities, but leaving the face almost always exempt. This redness *disappears upon pressure with the finger* [exactly the opposite of purpura hemorrhagica], and is sometimes suspicious only by its peculiar intensity. Petechiæ and larger cutaneous hemorrhages rapidly appear, and vary in size up to that of a silver half-dollar. The face is rendered red and puffy, the conjunctivæ blood-shot, and large rings are formed around the eyes through hemorrhage into the cellular tissue. The countenance thus presents a truly frightful appearance, and the patient is often wholly unrecognizable. The course of the entire process is extremely rapid."

In the cases of small-pox where there are both pustulation and hemorrhage, some or many of the pustules fill with blood, there may be ecchymosed spots, the fever and suffering usual to small-pox are constant.

It needs but a moment to contrast purpura hemorrhagica with hemorrhagic small-pox of the worst form. In purpura we have a malady arising rather gradually, a series of purple spots under the skin not effaced by pressure, no fever nor suffering, repeated nose-bleeding and other hemorrhages, features unchanged except the sallow paleness incident to loss of blood, few disturbances of the general system. In hemorrhagic small-pox we have a very rapid progress toward death, severe back and loin pains, an eruption that disappears on pressure, features greatly swollen and altered, few hemorrhages, great disturbances of the general system.

If clinical histories are worth anything to a medical man, if symptoms are of any value, if the art of diagnosis is anything more than a shallow farce, then no error should have been made in deciding the real nature of Miss Young's disease. It could not possibly be purpura hemorrhagica,—a disease far from being always serious,—without giving a history so different from that of small-pox of the hemorrhagic variety, that a very green-horn in medicine should have recognized the difference. It would further have raised the point that purpura hemorrhagica commonly follows on the use of improper or insufficient food, or alcoholic indulgences of long existence,—two most improbable things in a young lady of good family from the rich fields of Illinois.

For three eminent physicians,—one of them a professor strongly bent on putting down "quackery,"—to discuss the question of this lady's disease, and to decide in favor of purpura and against the possibility of its being small-pox, when it was a case of small-pox with the history exactly as given by Curschmann, is indeed a "disgrace to the profession." Should not the "truly frightful appearance" of the countenance, which was ground for directing that the coffin should not be opened at home,—and which is so totally unlike anything found in purpura hemorrhagica,—should not this one significant fact have told any sensible physician that he was dealing with the most frightful and virulent form of small-pox? The ignorance of three medical men, which has thus proven so fatal, has been multiplied too many times of late. In all parts of our country have much more flagrant errors been made on small-pox cases by allopathic physicians, and this dread malady thereby been spread into thousands upon thousands of homes.

It is time that the public realized the utter incompetency of that class of physicians, and rebuked them for their ignorance. And it is also time that the "regulars" took to studying disease more carefully, instead of spending their energies in getting laws to put down other more competent physicians.

Skepticism in Medicine.

At the International Medical Congress held in London, by our allopathic neighbors, there was a vast amount of feasting and enjoyment, with occasionally some splendid work in the shape of papers and discussions. One of these was Mr. Keith's honest confession that the use of "Listerism" had cost three lives in his ovariotomy practice, and his entire rejection of the "antiseptic" or carbolic-acid procedures in surgical operations. This outcome of employing carbolic-acid dressings was to be expected; for curation can not follow the use of that or any other vile poison, and all honest men will, in due time, reject the entire list of poisons, after their "experience" has sent a few thousand more victims to the grave. Meantime, who wants to step forward and become a victim, that by his death the doctors may show one another that poisons will kill!

Another good paper was by Dr. M. Raynaud, of France, on "Skepticism in Medicine." He found medicine so full of useless and unreliable material as to challenge any man's common-sense; and, while it has done much that is useful, it has also clung to so much that is foolish, as to make an honest skepticism necessary to clear away its rubbish. This is the position long occupied by Physio-Medicalists, who want the destructive follies of man pushed aside, and the true curative science of Nature established, and for which our fiery allopathic neighbors would make us all culprits before the law. But Physio Medicalists have found the true science they sought for, while our neighbors are still floundering in the mire of what they call "an enlightened empiricism"; and they console themselves in the new absurdity that it is impossible for medicine to be a *science* after all! But some of their best men see that this is weakness, and see that other men completely outstrip them in the art of curation, and feel that the most *science* is with those who can soonest and most uniformly make the most *cures*. It is a wholesome fact that numbers among them begin to realize these things, and to doubt the infallibility of the mass of "absurdities, contradictions and falsehoods," which they have dubbed "regularism." We quote a part of M. Raynaud's paper:

"In regard to skepticism in medicine, unfortunately it was the doctors who have set the bad example. The remark has often been made: 'Never have philosophers, literary men, or poets said so much against medical science as the doctors themselves.' Where could we find, for example, a judgment on therapeutics more cruel than this one:

"'An incoherent assemblage of opinions, in themselves incoherent, it is perhaps, of all physiological sciences, that in which the oddities of the human mind are best depicted. I say that it is not a science suited to a methodical mind. It is an informal assemblage of inexact ideas, of observations that are often childish, of illusory means, of formulas as curiously conceived as they are fantastically arranged. It is said that the practice of medicine is repulsive. I go further, and say that it is not the practice of a reasonable man, as its principles are carried out in the greater part of our materia medica.'

"Who expresses himself thus, gentlemen? No ordinary man. It is Bichat, whom we all acknowledge to be one of the promoters of modern science. And

it is by hundreds that we could borrow from our principal leaders in science, portraits no less flattering, — without counting Broussais, who says boldly that medicine has only landed men in a chimerical hope, and, taken all in all, *has been more harmful than useful to mankind.* After that, we can not wonder if men outside our ranks judge us with some severity."

"After that" the criticisms of Physio-Medicalists upon allopathy appear tame. We are sometimes taken to task for so much criticism, as if it were mere fault-finding; but when so large and rich a body of men practice a system that "has been more harmful than useful to mankind," we can not be too earnest in trying to put a stop to such a *harmful* practice, and striving to have the grander and purely *safe* one of Physio-Medicalism adopted. Let the earth be *blessed* rather than *cursed* by the art of medicine. Our neighbors are humane gentlemen, and we give them credit for good intentions; but the purest *intentions* will not make right out of wrong, nor change a poison into a harmless agent, nor justify them in adhering to error in the face of a truer and more successful practice.

Dr. Raynaud continues: "Was not the first word written of medicine one of discouragement and doubt? '*Art is long, life is short, experience is deceptive, judgment is difficult.*' This is the first of all the aphorisms of Hippocrates. Certainly this grand utterance is a lesson of modesty and prudence, but it is not always understood in this sense." It would have been a good thing for the world, had physicians acted on this "lesson of modesty and prudence," instead of claiming to possess all the knowledge that was worth having, and assuming airs of arrogance. A body of men who are constantly changing their doctrines, who believe one set of theories this year, and change them twelve times in a twelve-month, who have never yet agreed upon any therapeutical system that would stand the tests of science, and who are remarkable chiefly for the high death-rate attending their practice,—such a body of men should be both modest and humble. They should sit patiently to learn a sounder and more accurate practice, a practice that *is* "suitable to a reasoning man," from men who have abundantly tested this better practice and found it reliable. Least of all should they foster error by putting on airs of superiority, and by seeking for laws to destroy all systems of practice but that "harmful" one which they uphold.

Reports of Victories.

BY WM. WESLEY COOK, M. D.

THE history of Physio-Medicalism is one of continuous progression. The revolutions in medical practice that it has brought about are of greater magnitude than many are aware of. During its existence as a system of medicine, it has brought to light agencies, means and methods of curing disease which were before undreamed of, and which are now universally recognized.

In order to secure and place on record a report of all discoveries and investigations made by Physio Medicalists in the various branches of medical science, the American Association of Physio-Medical Physicians and Surgeons, at its late Convention, was divided into sections, and chairmen of such sections were appointed. It is desired that all Physio-Medical practitioners, whether members of the Association or not, who have met with any unusual cases, or singular success or experience in general practice, surgery, obstetrics or gynæcology; or have made discoveries or investigations, or have learned peculiar facts in materia medica, chemistry, physiology, pathology and histology, hygiene, or microscopy, should report all such information to the chairman of the section to which the subject belongs. At

the next annual meeting of the Association these chairmen will present for consideration all communications they have received concerning their respective sections.

The growth of Physio-Medicalism is greatly retarded by the fact that we have no authorized statistics to present to the public, showing by actual figures the true measure of our great superiority over all other schools of medicine. The success which our practitioners meet with at the bedside is truly marvelous, compared with other physicians. Our success in surgery is equally wonderful, especially in conservative surgery. In obstetrics, the triumphs of Physio-Medicalism can not be approached by any other system of practice. Frequently we see noticed in allopathic, eclectic, and homeopathic journals and dispensatories "discoveries" in materia medica, and other branches of medical science, made by men in their ranks, long after such facts had become established among Physio-Medicalists. Let honor be given to whom honor is due, and let us report our own discoveries. If we will not claim the credit which by right belongs to us, others are willing and ready to receive the rewards of our work.

An opportunity is now given to every Physio-Medical practitioner to place his work on public record. Each one is urged to take advantage of this opportunity. The labors of this cause have been great, and made in the midst of persecutions. The greatest part of the fight has been passed through, the struggle for existence is ended, and we are established. Let us now reveal to the world our victories. Having power, influence, prejudice, hatred, and money, together with an overwhelming majority in numbers against us; yet, with truth on our side, through perseverance and adherence to principles, with a few noble leaders to direct our line of action, and give us encouragement by their own undaunted bravery, we, as Physio-Medicalists, have gained a foothold from which we can not now be wrested. Our numbers at first were small, very small, but our instruments of war were mighty, and our line of action guided by truth itself. To-day our numbers are still small, but our instruments of war are just as mighty, and the same great power of truth stands behind the throne from which we receive our summons to labor.

We can not refer to the results of our work displayed in the accurate reports of hospitals and public institutions; for, as yet, unjust laws allow the poor no freedom of thought or action in those things which concern them most,—questions of health or disease, life or death. In such matters the poor are forced to submit to the dictations of others. But the day is not far distant when public sentiment will compel the abolition of this tyrannical deprivation of rights, inflicted by the government upon those citizens who suffer the misfortune of poverty. When such a time does come, when Physio-Medicalism is given a fair opportunity to show her merits, then the great superiority of our glorious system of medicine will be universally recognized.

Because we have not the opportunities accorded others, let us, therefore, be so much the more diligent in taking advantage of the opportunities which we do possess. By a little effort, we can make a wonderful display of victories; and, if so many victories can be accomplished by a few men, surely when our numbers assume large proportions, by continued diligence, we shall be able to vanquish our enemies.

Elsewhere in this number of the RECORDER may be found the names and addresses of the chairmen of the various sections of medical science. These chairmen were appointed by the National Association to receive all reports relating to the sections assigned them; and were instructed to bring such reports before the Association at its next meeting. Now, let

every Physio-Medicalist set himself to work at once. Review your practice since the day you commenced. If possible, make a complete report of the number and kind of cases treated, and the per-cent. of cases lost, and make a special note of every peculiar case met with. If you can not make the report complete, make it as nearly so as possible, being certain of its accuracy; and send such a report to the Chairman on Theory and Practice. In like manner, send your experience in surgery, obstetrics, and other branches of medical science enumerated, to the respective chairmen. If anything in your medical life at any time appeared to you unusual, or if you ever learned facts by experience which others have not made known to the medical world, please report such a thing at once that you may receive the credit and our cause the honor before others make the same discovery. If you have invented instruments, or surgical appliances, or improvements on such, let it be known. It may take a little time and trouble to make these reports, but it will be a benefit to yourself, to our cause, and to the world at large; and, if it be impossible for you to be present at the next meeting of the Association, then the report of your work will speak for you. Do not wait until the Convention is about to meet, but commence your duty at once; and, if you can not write one full report, then send the items in piecemeal during the year as they occur, or as they come to your memory. If you have anything to furnish on topics over which chairmen have not been appointed, —such as inventions, pharmaceutical improvements, etc.,—send your report to the Secretary of the Association, and he will attend to it if you are not able to present it to the Association in person. Besides preparing such statistics for the National Association, our advances and discoveries may be made still more public through the press. The columns of the RECORDER are always open to receive, for publication, every item which is of interest to yourself, and which you may consider will interest others. Let this kind of work be commenced at once, and pushed vigorously, and before another year rolls around wonders may be accomplished in honor of Physio-Medicalism.

Case of Gonorrheal Stricture.

BY PROF. W. F. TAIT, M. D.

ABOUT two years ago, I was called on at my office by S. C., who gave the following history of his case: Contracted an acute gonorrhea some six months previously, which, after running a course of ten weeks in allopathic hands, was found to have degenerated into a low gleet. With this was a frequent desire to urinate, a slight admixture of pus with urine when the stream began to flow and ended; considerable difficulty to pass the water; some burning pain during passage, and required severe straining to accomplish the act to his satisfaction. The abortive plan of treatment, by urethral enemata, was adopted from the outset of this "regular" treatment. The result was: alternate checking of the gonorrheal discharge and reopening of the same, with prolongation of the usual period of an acute gonorrheal attack; no definite stages of advance and decline, such as we usually see in these cases, and the certain development of stricture of the canal.

An attempt to pass a No. 8 silver catheter was attended with fainting by the patient; stricture was found just behind the urethral bulb, pus was rather thin and in considerable quantities, and the man's strength much diminished. I found that he had tried many "*cures*" without avail; had a poor appetite, was emaciating quickly, was costive, sleepless, irritable, and mentally excitable.

On repeated trials, I found the *No.* 6

bougie to pass with moderate freedom. Instructed him how to use it, and urged that he do so twice daily, lying on the back with limbs flexed, or else standing on his feet; and that he call again in four days. I also put him on a preparation of phosphate berberina, grs. v.; gum arabic, one drachm; triturated oil xanthoxylum, grs. x.; fluid extract aralia hispida, two fluid drachms; with enough simple syrup to make four fluid ounces. One teaspoonful of this six times a day; or, if that was inconvenient, a double dose three times a day. One grain chelonine twice daily. To avoid all alcoholics, fat meats, oysters, coffee, etc.; and what food he ate was directed to be plain and nourishing.

Saw him again at the end of the stipu lated time, and found but little change, except that the bougie passed easily and without pain. I now passed a *No. 6* silver catheter, but with same first troubles. Directed its use twice daily, and continued same constitutional treatment. To report in one week. At third visit I found liver and bowels more active, pus ejecta lessened fully one-sixth, and no more burning pain at urination. I now passed, and ordered the *No. 8* bougie used, with same treatment as at first, for two weeks. All doing well at end of that time.

The *No. 8* silver catheter was now passed. A lobelia suppository mixed with solid extract verbascum was added to the above treatment. Came back in a day or two to say that he could not pass this catheter. I performed the passage for him while he stood on his feet, and found a little congestive stricture all along the urethra; and upon inquiry found that he had taken some beer. Interdicted that, and directed him to try again and to report in one week.

In this way I managed the case until the *No. 12* silver catheter passed easily. The discharge ceased in half the time it took to dilate the canal, urination was normal and easy, functional actions of body were all restored, but it took one full year. In older patients I have been double that time in effecting cure.

Galesburg, Ill., May, 1883.

More of the Small-Pox.

Elsewhere we have given some facts about a case of small-pox that recently died in this city. In a few days after, a girl, Katie Buckley, died; the doctors followed the example of the illustrious professors, and gave a certificate of death from purpura hemorrhagica. Under the circumstances, this name aroused suspicion, and the Board of Health proposed to exhume the body and see what kind of purpura hemorrhagica this was. The girl's father and her physicians remonstrated loudly against this, and they came out with cards in the papers declaring that the girl did not have small-pox. The cards are as follows:

"To Whom it May Concern: The child of Con. Buckley did not die of small-pox. W. E. De Courcey,
"428 Court Street."

"I concur in the above.
"Geo. Conner, M. D.,
"427 W. Ninth Street."

The public had some "concern" about the matter, and the body was exhumed notwithstanding these cards from the doctors. Examination at once showed that she did die of small-pox; her body had been carried in a regular hearse, and publicly buried, contrary to law. Such a repetition of blunders, or of something worse than blunders, made by five prominent physicians of this city, and persisted in, naturally stirred up a great deal of public indignation. It became a question whether educated allopathic physicians knew small-pox when they saw it; or whether it needed the death of the patient, and of a few infected patients, to teach them the nature of the disease. The *Daily Enquirer* commented on it editorially, and

we had a few words to say in the same paper, both of which articles we here give our readers:

"When physicians of acknowledged standing in their profession can blunder to the extent of calling a case of aggravated small-pox by a name almost unknown to laymen, and rare in the vocabulary of the professors, is it not time to inquire into the capabilities of the many doctors who have no particular standing beyond what their 'shingles' give them? How many medical pirates are preying on the health of humanity? A few years ago the newspapers of California instituted a vigorous inquiry into the authority of practicing physicians in that State. It was exceedingly unpopular with the uneducated 'doctors,' but a few exposures gave it the support of the people, and the result was a general overhauling that relegated an army of quacks to the rear, and the Golden State became an exceedingly uncomfortable place for doctors without diplomas. There is an invitation in Ohio, and indeed in almost every State, to an inquiry of this kind under proper legal conditions. Law-makers, and especially those charged with the duty of maintaining the majesty of the law, have in this an opportunity to take the side of the people.

"Here is a field for reform. Reformers may not immediately go behind a certificate of graduation at a respectable medical school, but the exposure and expulsion from practice of those who are dosing the people without having diplomas would largely reduce the imposition on suffering humanity, and would have a moral influence which would go further. There are too many Medical Colleges. There is an unhealthy rivalry in grinding out Doctors of Medicine. Too many men are ambitious to advance from prescription-writing to professorships, and they get improper encouragement from public spirited and affluent citizens, who regard it as material advancement to have Medical Colleges in their towns. The desire to have the longest catalogue of students and the largest graduating class too frequently outweighs considerations of proficiency. The standard of admission is so low that young men who couldn't stand up two minutes in a country spelling-school are pushed through the medical course, and, after hacking up a dead body or two, and listening to a series of lectures which they can not comprehend, are stamped as 'healers of the sick,' and sent out to experiment. It is almost as easy to get the degree of Doctor of Medicine as it was to be admitted to the bar in the days when about all that was required of the candidate was to invite the Examining Committee out to drink. Medical education is degenerating into a farce. It is time to call a halt; to appeal to the consciences of those who are high in the profession, and who have the education of their successors in charge, and to bring popular power to bear for a reform."—*Cincinnati Enquirer, May* 27, 1883.

To the Editor of the Enquirer:

In your issue of Sunday, referring to the recent small-pox blunders made by five eminent physicians in this city, you urge the need of laws to prevent men from practicing without diplomas. But the men who blundered had diplomas, and one of them was a professor; hence that document is no evidence of wisdom. You realize this, and condemn the multiplication of colleges that are not needed, but which lower the standard of education, and make it much of a farce through rivalry to get large classes. If learned professors do not know small-pox when they see it, and if their graduates are equally at fault after years of experience, it would seem that the public had nothing to hope for through more graduates of the same professors.

Death and terror have resulted from these blunders, which may cost our city $1,000,000 in loss of business. The same mistake has been made in very many places within the last two years. In several instances the error led to forty and more small-pox cases in a village. In one instance the mistake was made, and for some time persisted in, by a member of a State Board of Health, whose especial business it was to suppress this malady The spread of small-pox on account of such blunders has been a frightful and a fatal burden on the public for two years

And yet small-pox is totally unlike any other disease; uneducated nurses and negroes detect it quickly, and it is a malady far more easily "stamped out" than any other eruptive fever. Is it possible that the public would be safer in the hands of nurses without diplomas? At present it looks that way.

Something should certainly be done to protect the people and their homes from such fatal blunders. A scourge of small-pox is wholly needless in this age, and when it has become a national scourge through those errors of medical men the people should take into their own hands the matter of protecting their own lives. Nothing—no profession or "learned professors"—should for one moment stand between a man and his own life, or the life of his family. If a coterie of physicians, or a line of medical colleges, leads to a succession of blunders that spread a loathsome disease and many deaths among the people, the people need to be protected from the men and colleges making such blunders.

In proposing to do it by the intervention of law, several points must be considered. All the medical laws yet passed in America have been secured by the urgent influence of one system in medicine; and they are graduates and professors in this very system who have been making all these blunders. The medical laws thus far have always granted extra privileges and favors to this one school; have placed under its care all the public hospitals and asylums; have given it full control of all health boards; have excluded or crippled all other medical schools, as if the public purse were to be used to foster one set of medical opinions and to oppose all others.

If a "reform" is to be made, and if public protection is really to be secured, the people should see to it that new medical laws shall be just and equitable. Let no exclusive privileges be granted to any one medical school, but let them all stand on exactly equal ground; and if any one of them can not sustain itself on its own merits, let it go down as it deserves to. A medical system that is sustained by law favors and the public purse is not standing on its own merits.

And let the law permit the poor man to have his choice of medical systems in the hospitals, just as he now has his choice of clergy. His poverty should not deprive him of that choice, and compel him to submit his body to a medical practice that may not suit his convictions or his conscience.

Let all diplomas be revised before the law, so that documents unworthily obtained may be canceled, and the colleges that give such diplomas be debarred. Place this work of revision in the hands of men representing all the schools equally, that one system may not have extra power over the others. Ingraft such features of right and justice in a medical law, and there would soon be an end to this blundering by medical men.

WM. H. COOK, 115 *Ninth St.*

Buried Alive.

THE horror of being encoffined before the vital spark has really become extinct, of being buried alive through the mistake of doctors and the overhaste of relatives, is beyond the power of pen to describe. Burned in a fiery furnace, sinking beneath the water to rise no more, lingering, lolling, falling asleep in the arms of the man with the scythe, the hectic flush on the cheek, and the hacking cough on the lungs, dying in a pest-house of the cholera, yellow fever, or blown to smithereens by a boiler, are each and all bad enough. Morphine and sedatives may somewhat alleviate, kind friends may smooth the pillow, or paid officiousness perform the last sad offices; but wakening in a coffin, cramped till motion is impossible, having the power to think and feel and know, yet incapable of relieving one's self, is a manner of having the door opened and being

kicked out that is awful to contemplate. Doomed to a slow, lingering, miserable, perhaps a maddened and desperate death, insanity is a relief and suicide a boon. Languishing, starving, stifling among the noisome vapors of the charnel-house, bur ied, yet alive! Is such a thing possible? History gives many credible and well-attested cases, and it may be well to relate a few of them.

In 1831 Mr. Edward Stapleton, a London attorney, apparently died of typhus fever, with symptoms that astonished the physicians. His friends would not allow a post-mortem; so, when he had been buried eight feet under ground, the doctors arranged with some body-snatchers to rifle his grave. Placed upon the table, an incision of some length had been made in his abdomen, when the undecayed appearance of the corpse suggested the use of the battery. Many experiments were tried, when one suggested applying the battery to one of the pectoral muscles. A rough gash was made, a wire brought in contact, when the patient, with a hurried movement, rose from the table and vaulted into the middle of the floor. Uttering a few unintelligible words, he swooned in the midst of the floor. It was nearly daylight, and the corpse-cutters were thrilled with awe and paralyzed with fear. It was time for action. The man was alive. He was speedily brought to, and eventually restored to his friends. Mr. Stapleton declared that at no time was he totally unconscious; that he heard the doctors pro nounce him dead, and when he was on the dissecting-table tried to shout, "I am alive!"

Equally horrible was the case of a beautiful young lady about to be married, which came under the writer's own observation three years ago. The young lady was disposed to be fleshy, and laced tightly to preserve her figure. Returning one evening from a ball, where she had danced perhaps to excess, she was taken in a swoon. She lay several days, and the attending physician pronounced her dead of heart disease. She was buried, and a few days after her mother had a terrible dream, in which the form of her daughter appeared to her clad in her burial robes, her hair disheveled, her eye-balls glassy, bloodshot and protruding, her hands convulsively clenching her cheeks, and horrible agony depicted upon every lineament of her countenance, while her death shriek—"Oh, come to me, mother; I am not dead, they have buried me alive!"—rang in her ears. Such was the vivid impression made upon the mother's mind by the dream that she had the coffin opened, and it was found that the corpse of her daughter had turned upon its side, while large pieces of flesh had been torn from her cheeks in the terrific struggle of agony she had made to escape.

The wife of a lawyer and member of Congress was seized with a sudden and unaccountable illness in Baltimore. The skill of the most eminent physicians was baffled. After much suffering she was supposed to die. The face had the pinched and sunken outline, the lips of marble pallor, the eyes were lusterless, pulsation ceased, and the body was icy cold. For three days it was preserved unburied, during which time it had acquired a stony rigidity. The lady was deposited in the family vault, and for three years was undisturbed. It was then opened, when, horror of horrors, as the husband opened the door the white-appareled skeleton of his wife in her unmouldered shroud fell rattling into his arms. Investigation showed that two days after burial the buried wife had revived, and in her struggles had knocked the coffin from its shelf, and it had broken open. But a fearful fate awaited the coffin-escaped woman. Becoming entangled in some irons which projected, she had either starved to death or died from fright, and the flesh literally rotted from her bones.

These cases are not those that are unsubstantiated by competent testimony and clouds of witnesses. Many are recent and well authenticated. Mrs. W. L. Pettit, of Fort Wayne, Ind., and Mrs. Sarah Druse, of Belpre, Ohio, are two instances which have occurred in 1883. Learned (?) and attendant physicians both pronounced them dead, and both awoke from their trance before their apparently lifeless remains were committed to the tomb.

December 26, 1882, the New York *Sun* relates the burial alive of a lady at Warsaw: "A lady died under somewhat peculiar circumstances, which gave rise to the report that her death had been caused by her husband's ill-treatment. Hence, several weeks after her interment her body

was exhumed for post-mortem examination, when it was found that in the grave a perfectly healthy child had been born."

On the 23d of last April Miss Mosely, a domestic living in a family in West Middlesex, Pa., apparently died. Physicians could not diagnose the case, but shook their heads and agreed that it was mysterious. Her family before her death had moved to Missouri, and she was buried. On the 27th her friends from Missouri arrived to remove the remains, and upon opening the coffin a heart-rending spectacle was presented. The young lady had been buried alive, had turned over on her side, and was lying face downward, her hands clinched in her hair, and her distorted features plainly showing the intensity of her sufferings.

Cardinal Dennet related the following remarkable account before the French Assembly: A young priest was suddenly stricken down unconscious in the pulpit of a crowded cathedral, where he was preaching. The funeral knell was soon after tolled, and a physician declared him to be certainly dead, and obtained leave for his burial next day. The Bishop of the cathedral where the event had occurred had recited the "De Profundis" by the side of the bier, the coffin being already prepared. Night was approaching, and the young priest, who heard all these preparations, was suffering agonies. He was only twenty-eight years old, and in perfect health. At last he distinquished the voice of a friend of his childhood. This caused him to make superhuman effort, and produced the wonderful result of enabling him to speak. The next day he was enabled to preach again. But there is even higher authority than this. When in February, 1866, the French Senate was discussing the question of establishing mortuary-houses, in which people supposed to be dead should remain a certain number of hours before burial, and a motion was made to proceed with the order of the day, His Eminence the Cardinal Archbishop of Bordeaux protested, and stated that while he was priest he had saved several lives about to be sacrificed to the indecent haste of survivors. He had seen a man taken from his coffin and restored to perfect health. Another man of advanced years had already been placed in the coffin, and yet lived twelve hours after. More than than that, he had himself performed a miracle which, had he lived in the Middle Ages, would have canonized him as a saint. He had seen the body of a young lady laid out for burial, the attendants covering the face as he entered, but allowing him to observe enough to see that the maid was not dead, but asleep. Thereupon he cried out that he had come to save her. He told her to wake up and shake off the lethargy which oppressed her, and return to life. His voice reached her benumbed sensations, and she lived to be a wife and a mother.

In 1848 an ex-nun of the suppressed Convent of Ursula, named Lucia Mariana, was taken ill, and to all appearances died. She was subject to peculiar fits, which required a certain kind of treatment. The grave-diggers insisted on burying the body before night, but a surviving nun, with whom she was staying, remonstrated, urging that they try the use of friction and mustard plasters. Fearing to lose their fee, the men of death quarreled over the supposed corpse, seized it by the shoulders, and were about to drag it out of bed, when the dead lady moaned, muttered inarticulate sounds, and turned uneasily on her pillow. The living nun began to pray and cry, the men let go their hold of the corpse; one of them crossed himself, and the other cursed and swore it was only spasms, the dead, in his opinion, being able to make convulsive movements if not properly straightened. Humanity conquered ignorance, and greed for gain was overcome by the doctor, who restored her to life, and she lived for many a year to tell of her escape.

Petrarch, the poet, once lay for twenty days in a state of trance at Ferrara, and he was to be buried in four hours, according to law, when a sudden change in the temperature caused him to rise up in bed. He scolded the attendants for leaving the door open, and allowing a current of cold air to blow upon him. Perhaps had the door been kept shut he would have been buried, and the world lost some of the most exquisite sonnets ever written. The learned Abbe Prerot, who wrote "Manon Lescant," which Jules Janin styles "The Paul and Virginia of Vice," was found in a forest one fine summer day in an unconscious state. The village doctor declared that he was dead, and began a post-mortem exam-

ination, but at the first thrust of the knife the unlucky author awoke, and, with a piercing shriek, came speedily back to life.

In the Church of the Holy Apostles at Cologne is a grand picture of the Consul's wife awakening from a trance, founded upon a historical fact which occurred in 1577. The lady was buried with her gay attire, rings on her fingers and a gold chain upon her neck. Robbers repaired to her grave for the plunder, and were taking the rings from the fingers, when the lady awoke, sat bold upright, as if galvanized, and smiled at the robbers. They ran as if the devil and all his fiends were after them. The lady walked home, was received by her husband, first with fear, then joy, and lived for many years in health and happi ness.

At Bergerac Dordogne, in 1842, a patient took a sleeping draught. He fell asleep; but he woke not. They bled him; the blood scarcely flowed; he woke not. They declared him to be dead, and buried him. In a few days they remembered the sleeping draught, and determined to open the grave. The body had turned and struggled.

In 1828, at Tourens, Lower Garonne, a man was being buried, when an indistinct noise came from the coffin. The reckless grave-digger fled in terror for aid. A crowd collected. The coffin was hauled up and burst open. Too late! A face stiffened in terror and despair, a torn winding-sheet, contorted limbs!

Cardinal Espinosa was President of Castile. Philip II., when angered, once spoke to him: "Cardinal, take heed! You are speaking to the President of Castile!" The Cardinal understood he was discharged, and that the King was his own President. He fell to the ground, the pulse ceased to beat,—the King's wrath had slain the minister. It was resolved to cut open and embalm the Cardinal. The surgeon commenced the work, when the man awoke with screams of agony, and fought for life with the surgeon. It was too late; the surgeon's knife had inflicted mortal wounds, and the Cardinal died before spiritual consolation could be offered.

In May, 1874, appeared in the London *Times* an account of a young lady who died soon after marriage, in the intense heat, and was buried the same day. In a year her husband married again, and the mother of his first bride resolved to remove her daughter's body to her native town, Marseilles. They opened the vault and found the poor girl's body fallen prostrate, her shroud torn to pieces. She had risen, burst her narrow prison to find herself in one a little larger, but far more inexorable. How long did she cry piteously for help! How long did she struggle and pray, this poor young mother, never destined to clasp her child to her bosom, hurried alive out of a sunny world into the dark and pitiless tomb! Who can tell?

There is on record the case of a young lady in Leipsic who, being reported dead from a nervous attack, was placed in her coffin, and the lid placed tightly on. While the family was at supper she arose, and, crawling out of her narrow box, appeared at the door of the supper-room in her shroud. Father and mother rushed out in fright, declaring it to be a ghost, and it was only after some time and much persuasion when they entered the supper-room and found her eating, not a ghost supper, but a hearty, solid meal, that they would believe it was their dead daughter awake from the trance. The doctor, the priest, and the undertaker were wrong, and the deed which declared her a corpse had to be canceled. In a year the priest officiated at another ceremony for her, for she married and became a mother.

In the seventeenth century Lady Russell, to all appearances, died, and was about to be buried. The bell began to toll for her funeral, when, sitting up in the coffin, she said: "It's time to go to church!"

In 1836 a respectable citizen of Brussels fell into a trance on Sunday morning. On Monday they were about to screw on the lid of the coffin, when the supposed corpse sat bolt upright and said: "Hold on; give me some coffee and a newspaper!"

And the song of "The Fine Old Irish Gentleman," who, when he took a nap, was laid out with four and twenty candles all around his head, is too familiar to need repetition here.

In 1807 Annie Goodale, an actress, lay three weeks in London in a trance. The corpse was warm and limp, and features soft and mobile, as when in life. The physicians would not allow her to be buried, and she came out all right.

The astounding triumph of ignorance over science, and common-sense over the erudite, when the doctors diagnosed the small-pox case at Miss Bauer's school contrary to the opinion of the negro nurse, finds a singular counterpart in a case related of a beautiful little Italian boy who, when about three years old, fell ill of some childish malady. The doctors pronounced him dead. The body, by the Italian law, could be kept three days. The distracted mother could not be induced to leave the coffin of her darling, and the father gave orders that the nurse of the little fellow be sent for, although he dreaded the scene over the child's dead body between the old nurse and his wife. On the day of the funeral she came, dust-stained and travel-worn, her hair down, her dress torn, and boots nearly torn off her feet. On hearing the news, she had never stopped to change clothes, but ran all night to catch one glimpse of the little fellow she had nursed. Mourners were standing around the coffin. She rushed in eagerly among them, tore the child out of the coffin, and taking him in her arms ran with him to a garret, shouting: "He is not dead; no, no!" Threats and entreaties were of no avail to bring her down, nor were they any more successful in breaking the door. At the end of an hour she came back with the child, his little arms clinging lovingly about her neck.

It is terrible that the ignorance and the poisons of so-called "eminent physicians" should hurry people to their grave without need of their dying. It is much more terrible that men supposed to be learned in their profession, but giving their thoughts to worthless speculations rather than to common-sense investigation, should be parties permitting those not dead to be buried alive. We will give the points in our next number for determining positively the fact of death. W. H. C.

—D. J. Jernigan, M. D., Texas, (P.-M. I., 1875) paid us a visit after the National Convention, and we spent two days right pleasantly with him. A letter informs us that he had a good trip homeward, and is opening up business most encouragingly in his new home in Dallas.

NEWS AND BREVITIES.

—We ask attention to the series of tracts advertised elsewhere. They are carefully prepared, and should be scattered everywhere.

—The Physio-Medical Society of Iowa will hold its fifth annual meeting at Cedar Rapids, June 13th and 14th. We hope to hear of a good attendance and good work.

—An old colored man saw a sign in a drug-store which read, "Tasteless Medicines." Looking in at the "pizen-mixer" he said: "Dat am de bes' advice I ever got—taste less medicines."

—Recently we had a call from J. H. Orr, M. D. (P.-M. I., class of 1872), who is on his way from Central Kentucky to look for a home in Minnesota. He is hale, hearty, and still a bachelor.

—The Illinois authorities are advertising a man who has a diploma issued to H. A. Luders, by the University of Gottingen, in 1866. Dr. Luders is dead, but his genuine diploma is being used by another man. Pass the scamp along.

—The Park Commissioners of New York make report that the great Central Park is unhealthy because of the numerous large ponds in it. These vary in size from four to ten acres, and are spreading malaria and foul odors among the houses near by.

—The New York Supreme Court has decided that the "United States Medical College" (eclectic) is not and has not been an incorporated medical college, and does not possess the powers or franchises of a medical college; and enjoins it from assuming to act as such, and from granting diplomas or certificates of graduation. Costs are levied against the alleged incorporators,— Drs. Gunn, Stow, Allen, Wilder, and others.

—Dr. Da Costa is scarcely complimentary to some of his ambitious allopathic brethren when he says: "If one has not much to do, he writes a short paper on phthisis; if one has little to do, he writes a long paper on phthisis; if one has nothing to do, he writes a book on phthisis." Again he says: "Gynecologists, as a rule, part their hair and their names in the middle, and never die till they have invented pessaries and speculums innumerable."

—As we look over the contents of this number, they seem rather full of sad things. It is not our fault, but the fault of our exchanges. The medical journals are full of horrible dealings with human life, and get worse every year.

—The homeopathic treatment of diphtheria has been given a full trial in the hospitals of Russia. Now the Medical Council (allopathic) decides that it is misleading and dangerous. *Query:* Are the small doses of poisons more dangerous than the large (allopathic) doses of the same poisons?

—The Physio-Medicalists of Texas are to meet at Dr. Jernigan's office, in Dallas, on June 13th, with the view of forming a State Society. That is a move in the right direction, and we sincerely hope all other States now without a Society will do the same. All good men should come together in council.

NOTES AND MISCELLANY.

RECURRENT SCARLATINA.

We have already noted some reports of scarlatina recurring in the same person. Dr. Godnef, Poland, reports the case of a young man who had a second attack while recovering from the first. Dr. F. Chapin reported a similar case in *Gaillard's Medical Journal*, in January, 1881,—the first attack being well marked and profuse, while the second was even more pronounced.

WINTER CHOLERA IN NEW ENGLAND.

Dr. Chamberlain, of Hartford, in the report of the Connecticut State Board of Health, alludes to a type of disease which he calls winter cholera. It appeared for the first time in New England the past winter. It gives profuse watery diarrhea that evidently comes from the blood, severe cramps, a pinched and sunken countenance, and the temperature presently falls to 97° and in some to 96°. Its average duration is four days, and thus far it has been confined to cities. Families in good circumstances have seemed to suffer most. Though it so strongly resembles cholera, the doctor says it is not cholera, because it does not produce death directly, and seldom indirectly. Must a man *die* before it can be said he had cholera! If that description does not cover every essential of cholera of a mild type, then there is no use for students to study with the hope of learning anything.

TYPHOID FEVER SAVED.

Dr. Davy, Springfield, O., writes to the New York *Medical Record* that a typhoid fever patient "can be gotten into a convalescent condition in from four to six days after the following symptoms are fully developed: Temperature 105°, pulse 100 to 120, the nervous symptoms with delirium well marked, tongue dry and cracked, articulation quite indistinct, bowels tympanitic and gurgling, diarrhea of ochre-colored stools, etc. Ninety per cent. of such patients can be gotten up and about their rooms in from twelve to eighteen days by proper medication." In the name of all that is humane, tell us the "proper medication." The common average loss of our allopathic neighbors in typhoid fever ranges from twenty to thirty-five per cent. If they have any "proper medication" that will save ninety per cent. of the very bad cases, let us hear it. In the absence of telling it, the doctor's communication stands as a wholesale piece of bragging similar to quack advertising.

THE BLUE MAN OF MISSOURI.

The St. Louis *Medical and Surgical Journal* gives an account of a man at Columbus, Mo., who took small doses of nitrate silver solution for some one of the several diseases where allopathic physicians use that article. After a time his hands and face began to change color, caused by the solution. The agent was discontinued, but the color deepened and extended. It now covers most of the entire surface, but is deepest about the face; and is strong on the lips, in the mouth, palate, tonsils, larynx, nostrils, eyes, etc. He was fifteen years old when he took the drug; now he is thirty-three, and the color will no doubt stay with him during life. It is quite like the hue imparted by stove polish, but rather more bluish. Thirty years ago we used to see a similar being on the steps of Barnum's Museum, in New York. He had taken the silver solution for epilepsy, which had fastened this terrible color on him, making him hideous, but without in the least benefiting his epilepsy.

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Hydrastine or Berberine, per oz. (vial included), $4.00.

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Hydrastine Principles Combined, per oz. (vial included), $1.35.

This is a mixture of the Yellow and the White Alkaloids, together with the Acrid Resin and other peculiar proximate principles of Hydrastis Canadensis. This preparation is intended to be used when "Hydrastine" is prescribed, and it is always sent by us to our patrons when simply "Hydrastine" is ordered. As a remedy for internal administration where it is not necessary to have a solution, it is desirable. This is the only preparation of Hydrastis in the form of powder that represents all the medicinal constituents of the root.

Leptandrin, per oz. (vial included), 50c.

This is a mixture of the Resin and other principles of Leptandra Root. The Resin alone is inert, or nearly so. Those who have used our Leptandrin find it all that can be desired.

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The Root of Sanguinaria Canadensis contains a White Alkaloid. This unites with acids to form salts, all of which are of a beautiful red color. The preparation used under the name "Sanguinarine Principles Combined" is an impure form of the Alkaloid. This Alkaloid and its salts are very irritating to mucous membranes, and the inhalation of the dust should be avoided as much as possible.

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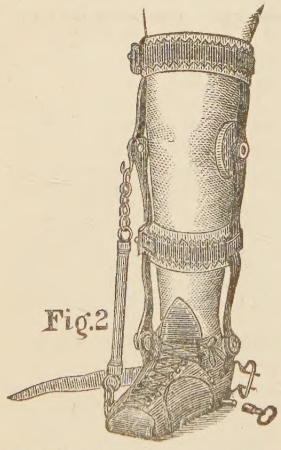

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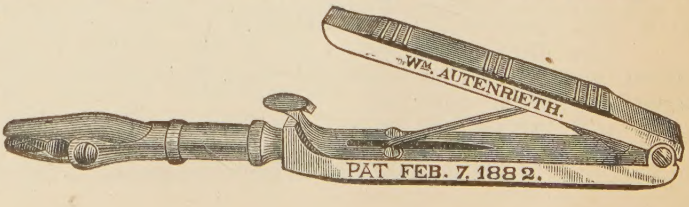

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Which possesses eight times the digestive power of the Saccharated; particularly recommended to manufacturers.

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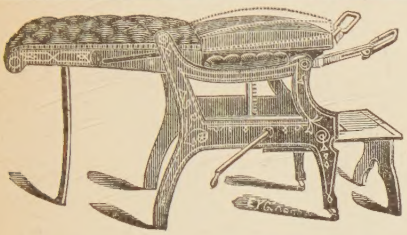
A very active and palatable medicine, containing 4% of Saccharated Pepsin dissolved in acidulated water and glycerine.



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